

**Supplemental Appendix for “Physicians’ Political Preferences and the Delivery of  
End of Life Care: An Observational Study”**

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**eTable 1:** Diagnosis codes for intensive end-of-life treatments

Treatment	ICD-9 Code
Intubation and mechanical ventilation	960.4-960.5, 967.X
Tracheostomy	311.X, 312.1, 312.9
Gastrostomy tube insertion	432.X, 431.1, 431.9, 432.X, 443.2
Hemodialysis	399.5
Enteral nutrition	966, 991.5
Cardiopulmonary resuscitation	996.0, 996.3

**eTable 2:** Patient characteristics adjusted for hospital fixed effects

<b>Characteristic*</b>	<b>Non-Donor (n=1,327,956)</b>	<b>Democrat (n=93,976)</b>	<b>Republican (n=58,876)</b>	<b>P-value**</b>	
				<b>Joint</b>	<b>Republican vs. Democrat</b>
Age	74.9	74.9	75.2	0.067	0.045
Female, %	59.5	59.2	59.8	0.234	0.089
White, %	81.9	81.5	82.2	0.155	0.057
Presence of chronic condition, %					
AMI/Ischemia	68.4	68.6	68.5	0.431	0.754
Alzheimer's dementia	30.7	31.7	31.7	0.001	0.934
Atrial Fibrillation	27.6	27.5	27.7	0.767	0.490
Chronic Kidney Disease	46.4	46.3	46.2	0.810	0.944
COPD	48.8	49.4	49.0	0.014	0.212
Diabetes	50.3	50.4	50.1	0.694	0.428
Congestive Heart Failure	57.1	57.7	57.3	0.049	0.315
Hyperlipidemia	75.4	75.0	74.9	0.021	0.571
Hypertension	89.7	89.8	89.5	0.350	0.155
Stroke/TIA	28.9	29.1	29.1	0.379	0.943
Cancer	18.6	18.4	18.6	0.620	0.483

\*Patient characteristics adjusted for hospital fixed-effects. This analysis of the balance of patient characteristics mimics our empirical strategy of comparing hospitalized patients treated by physicians of varying political affiliation within the same hospital.

\*\*P-values computed using robust standard errors clustered at the NPI-level.

**eTable 3:** Adjusted mean end-of-life spending by patient mortality and physician political affiliation

<b>Mortality window</b>	<b>Physician political affiliation</b>	<b>Adjusted spending, \$ (95% CI)</b>	<b>Republican vs. Democrat difference (95% CI)</b>
Inpatient death	Non-Donor	17,274 (17,081 to 17,466)	-
	Democrat	17,938 (17,176 to 18,700)	-
	Republican	18,409 (17,362 to 19,456)	472 (-803 to 1,747)
Death within 30 days of hospitalization	Non-Donor	12,788 (12,702 to 12,874)	-
	Democrat	13,184 (12,805 to 13,563)	-
	Republican	13,585 (12,993 to 14,177)	401 (-296 to 1,098)
Death within 60 days of hospitalization	Non-Donor	12,310 (12,238 to 12,382)	-
	Democrat	12,699 (12,381 to 13,018)	-
	Republican	13,028 (12,522 to 13,534)	328 (-267 to 924)
Death within 90 days of hospitalization	Non-Donor	12,047 (11,981 to 12,114)	-
	Democrat	12,406 (12,115 to 12,697)	-
	Republican	12,811 (12,321 to 13,300)	405 (-164 to 973)

**Notes:** Table reports the information presented in Figure 1 of the manuscript, as well as adjusted mean differences in end-of-life spending between Republican vs. Democrat physicians and associated 95% confidence intervals.

**eTable 4:** End-of-life spending by political contributions tercile

Physician political affiliation	Contribution Tercile*	Adjusted Spending, \$ (95% CI)**	P-value***
Non-donor	N/A (n=45,599)	17,353 (17,160 to 17,547)	N/A
Democrat	1 (n=1,069)	18,438 (16,947 to 19,929)	0.106
	2 (n=1,204)	17,433 (16,032 to 18,833)	
	3 (n=1,332)	16,549 (15,560 to 17,538)	
Republican	1 (n=729)	16,921 (15,705 to 18,136)	0.350
	2 (n=818)	17,214 (15,771 to 18,657)	
	3 (n=870)	18,806 (16,546 to 21,066)	

\*Terciles computed by summing each physician's contributions over the study period and stratifying physicians within whichever party received the majority of their contributions. Number of physicians in parentheses.

\*\*Total spending adjusted with patient characteristics (including age, sex, race, chronic conditions, and major diagnostic code), physician characteristics (including physician age, sex, years since residency, and an indicator for whether he or she attended a top-20 medical school according to U.S. News and World Report's research ranking), and hospital fixed-effects. Robust standard errors are clustered at the NPI-level.

\*\*\*P-values comparing Democrats to Republicans reported in brackets.

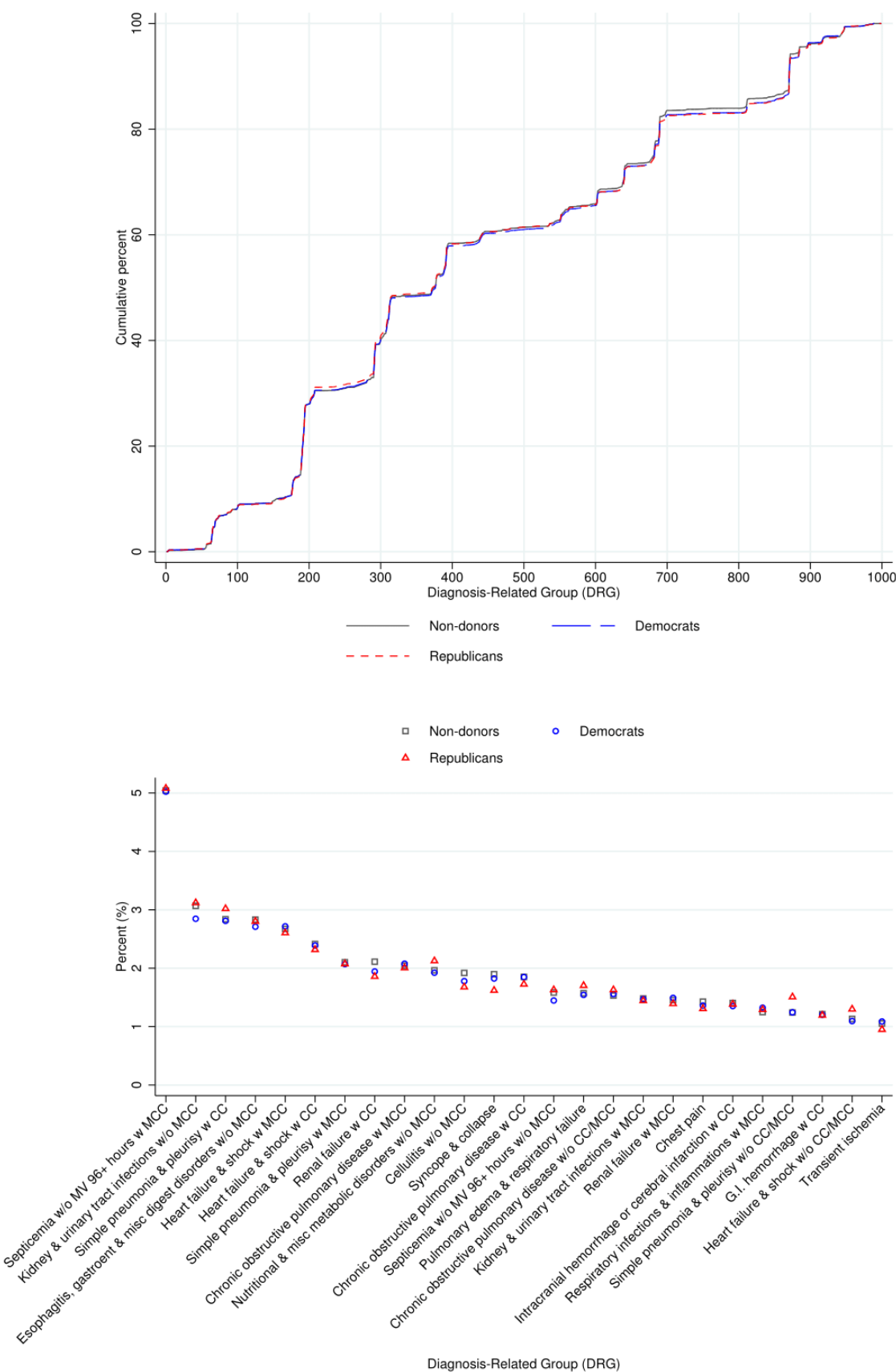
**eTable 5:** Analyses using different model specifications

	Adjusted Mean Spending, \$ (95% CI)		
Model specification	Democrat physicians	Republican physicians	P-value (Republican vs. Democrat)
1. Model that excluded hospital fixed effects	18,609 (16,472 to 20,746)	17,704 (13,811 to 21,597)	0.688
2. Propensity score model	18,715 (16,578 to 20,852)	17,908 (14,015 to 21,801)	0.734
3. Model estimating spending using generalized linear model	18,899 (17,492 to 20,307)	18,907 (16,644 to 21,169)	0.996

**eTable 6:** Relationship between mean adjusted end-of-life spending among inpatient deaths and physician political affiliation, according to U.S. Census region

	Adjusted Mean Spending, \$				
U.S. Census Region	Non-donor physicians	Democrat physicians	Republican physicians	Joint P-Value	P-value (Republican vs. Democrat)
Northeast	17,484	17,499	17,357	0.730	0.455
Midwest	17,396	17,489	17,371	0.530	0.351
South	18,153	18,140	18,246	0.700	0.414
West	17,701	17,744	17,642	0.684	0.384

**eFigure 1:** Diagnosis-related group distribution by political affiliation

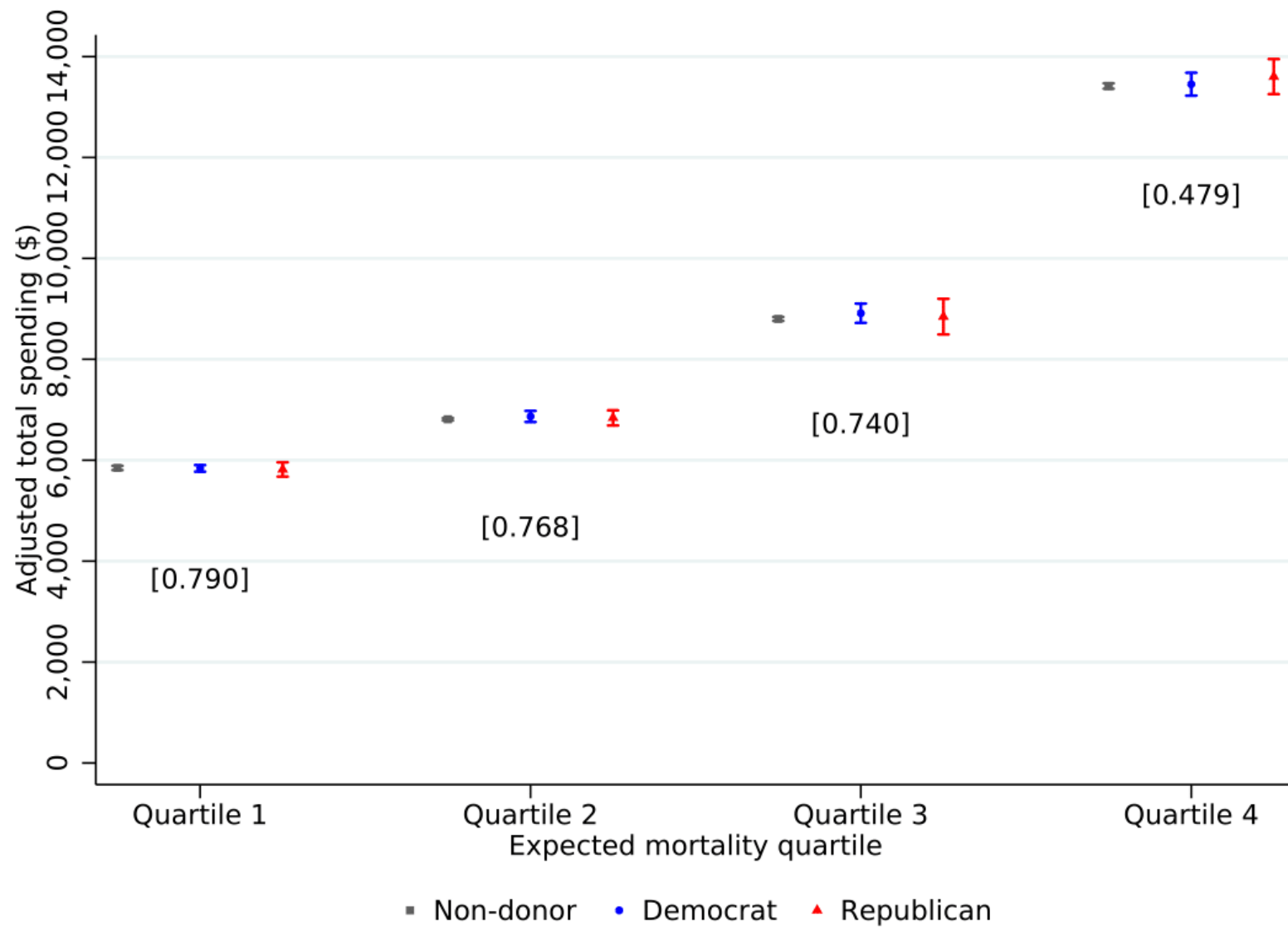




\*Appendix Figure 2 Panel A shows cumulative distributions of the admitting Diagnosis-Related Groups (DRG) for all admissions in the study sample, separated by non-donors (solid grey), Democratic donors (long-dash blue), and Republican donors (short-dash red). Even though DRG numbers are categorical values representing separate diagnoses, we graphed the cumulative distribution on a continuous scale to visualize the case-mix of admissions across hundreds of DRGs. Therefore, the overlap between the two distributions can reveal any subtle differences in case-mix across these many diagnoses.

\*\*Appendix Figure 2 Panel B shows the percentage of patients with each of the 25 most common DRGs, separated by the political affiliation of the attending physician.

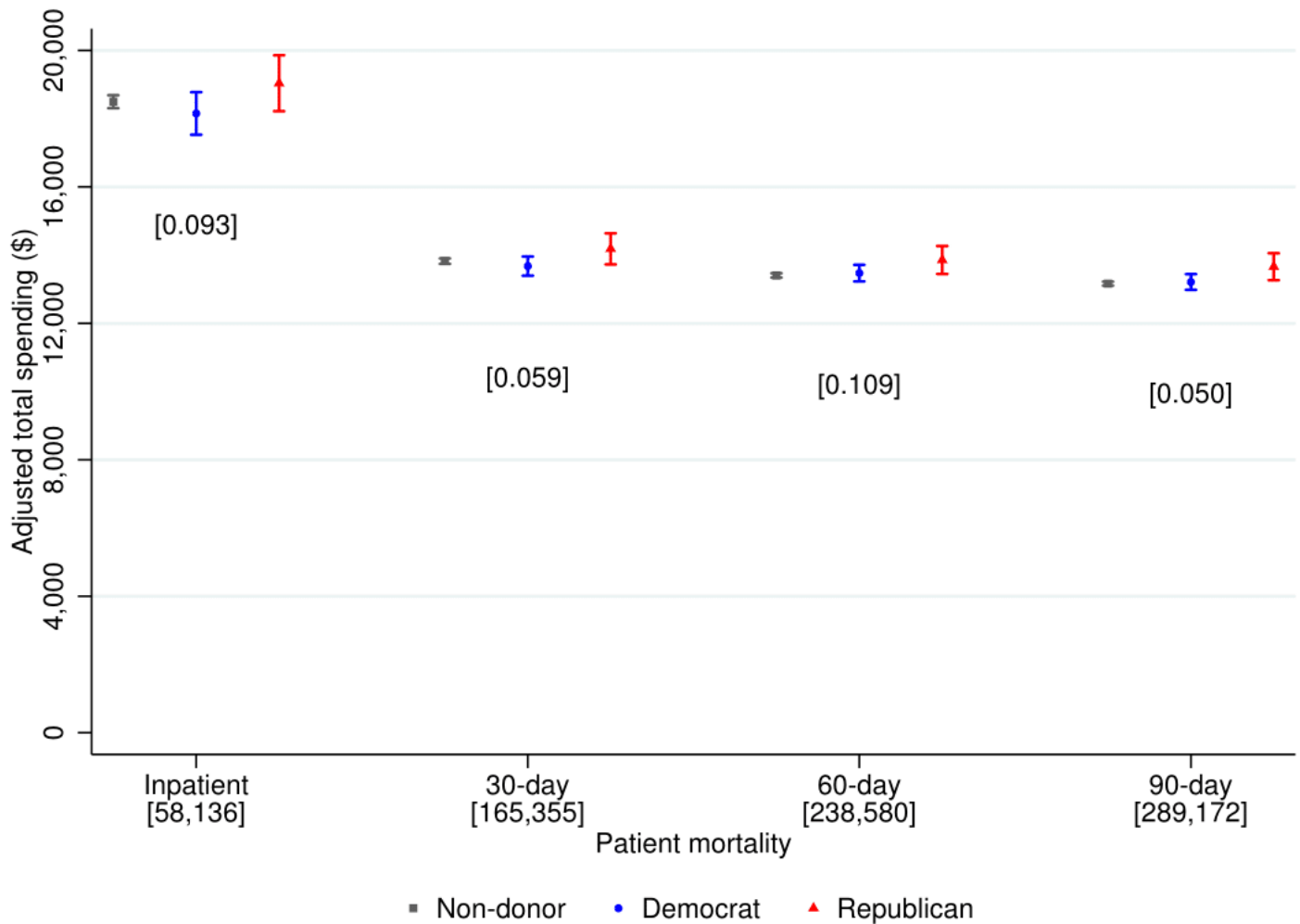
**eFigure 2:** Adjusted total end-of-life spending by patient predicted mortality quartiles and physician political affiliation



\*Total spending adjusted for patient characteristics (including age, sex, race, chronic conditions, and major diagnostic code), physician characteristics (including physician age, sex, years since residency, and an indicator for whether physician attended a top-20 medical school according to U.S. News and World Report's research ranking), and hospital fixed-effects. Robust standard errors are clustered at the NPI-level.

\*\*P-values comparing Democrats to Republicans reported in brackets.

**eFigure 3:** Adjusted end-of-life spending by patient mortality and physician political affiliation, using a patient-physician attribution method based on plurality of E&M claims



\*Total spending adjusted for patient characteristics (including age, sex, race, chronic conditions, and major diagnostic code), physician characteristics (including physician age, sex, years since residency, and an indicator for whether physician attended a top-20 medical school according to U.S. News and World Report’s research ranking), and hospital fixed-effects. Robust standard errors are clustered at the NPI-level. Physicians were attributed to patients on the basis of plurality of E&M claims, rather than plurality of Part B charges.

\*\*P-values comparing Democrats to Republicans reported in brackets.